Community Readiness Report

Assessing the Capacity to Address Underage Drinking in Bolton, Huntington, Jericho, Richmond, and Underhill

July 2018

VERMONT
DEPARTMENT OF HEALTH

Table of Contents

Introduction

Similar to individual behavior change, communities can be at different levels of readiness to address issues and make changes in their communities. Actions matched to the community's readiness level will help move communities forward in addressing an issue.[i]

The Community Readiness Model was developed at the Tri-Ethnic Center for Prevention Research at Colorado State University to help communities assess their community's level of readiness to address an issue and to develop and implement actions to increase these readiness levels.

The steps taken to assess community readiness include[ii]:

1. Identify and clearly define issue.

2. Identify and clearly define and delineate a community.

3. Prepare interview questions.

4. Choose key respondents.

5. Conduct and transcribe interviews.

6. Score the interviews.

7. Calculate average dimension scores.

As part of the Health Department's Regional Prevention Partnership (RPP) grant, the Burlington Office of Local Health assessed the readiness and capacity of the towns of Bolton, Huntington, Jericho, Richmond, and Underhill to address underage drinking among youth 12-18 years of age. Underage drinking is defined as the consumption of any alcoholic beverage, other than a few sips, by someone under the age of 21. These towns were selected because there is currently no prevention coalition serving their area in eastern Chittenden County. The assessment evaluates where the community currently stands along the continuum of community readiness. By assessing capacity for the towns to address underage drinking, the Burlington Office of Local Health can make recommendations and assist with population health interventions that are appropriate for the level of readiness.

The community readiness continuum defines 9 stages of readiness:

1. No awareness

2. Denial/resistance

3. Vague awareness

4. Preplanning

5. Preparation

6. Initiation

7. Stabilization

8. Confirmation/Expansion

9. High Level of Community Ownership

See Appendix C for a brief explanation of these stages.

The community readiness assessment interview evaluated the readiness for five key dimensions:

1. Community Knowledge of Efforts

2. Leadership

3. Community Climate

4. Community Knowledge of the Issue

5. Resources

Six individuals from various sectors in the specified towns were interviewed. Key respondents were identified representing a variety of sectors. We were able to interview representatives from the following sectors: business, law enforcement, education, and a youth-serving organization, in addition to parents. Completed interviews were independently scored by two health department staff who then determined a consensus score for each dimension of each interview. Final dimension scores were obtained by averaging the dimension scores across all interviews; an overall score was calculated as the average of the five-dimension scores.

The final dimension scores, overall readiness score, and key themes from the assessment comprise this report. Interview questions, scoring documents, and strategies for increasing readiness, all from the Community Readiness Handbook, are included in the appendices.

Community Readiness Scores

The table below gives the scores for each dimension of readiness of the residents of Bolton, Huntington, Jericho, Richmond, and Underhill to address underage drinking.[iii]

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts – How much does the community know about current programs and activities to address underage drinking.	2.50	**Denial/Resistance** – Only a few community members have any knowledge about local efforts addressing the issue. Community members may have misconceptions or incorrect knowledge about local efforts (e.g. their purpose or who they are for).
Leadership – To what extent are appointed leaders and influential community members supportive of the issue?	2.75	**Denial/Resistance** – Leadership believes that this issue may be a concern in this community but doesn't think it can or should be addressed.
Community Climate – What is the community's attitude toward addressing underage drinking?	2.58	**Denial/Resistance** – Community members believe that this issue may be a concern in this community, but don't think it can or should be addressed.
Knowledge of Issue – How much does the community know about underage drinking, including causes, signs and symptoms, effects, and consequences?	2.92	**Denial/Resistance** – Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue (e.g. how and where it occurs, why it needs addressing, whether it occurs locally).
Resources – What resources are being used or could be used to address underage drinking in the community?	2.54	**Denial/Resistance** – There are very limited resources (such as one community room) available that could be used to further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.
Overall Readiness Score	2.66	**Denial/Resistance** – There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem.

*Chart format borrowed from Woodstock, VT Readiness for Town Health and Wellness Committee by Mt. Ascutney Prevention Partnership

Community Knowledge of the Efforts

"There isn't an attempt to teach community members, or to share with community members what's happening."

Interview participants identified current efforts that address underage drinking in their community as primarily school-implemented activities. These efforts include classroom prevention education, strengthening families programming, and formal partnerships between the school and local law enforcement. Interview participants who were not aware of specific efforts said there was an assumption that programming was happening at the school. When asked how many community members knew specifics about the efforts (purpose, audience, barriers to participation, outcomes), participants said that unless a community member is connected to the school, they would have very limited knowledge about the efforts. Respondent scores ranged from 2 to 4, as those affiliated with the schools (staff, parents, etc.) had more knowledge about the efforts.

Leadership

For the purposes of this assessment, leadership is defined as individuals who could affect outcomes of initiatives or have influence in the community. It was identified that addressing underage drinking was not a priority for municipal leadership. Participants noted this was because they had not noticed it publicly spoken about at town meetings, select board meetings or in town documents. While it is not currently seen as a priority, all respondents said that leadership would support, either passively or actively, addressing underage drinking if they perceived it to be an issue in their community. Some participants named school leadership and law enforcement leadership as the community leaders who do or would play a driving role in addressing underage drinking.

"I think all the administrators of the schools would feel it's an issue that they would support community efforts around."

Community Climate

"These five communities are very, very different. They're different in makeup, the kinds of people who choose to live there, the kinds of things that are important to them. It's hard to find a unifying thing. We're only unified through the schools."

Respondents were asked to describe the towns of Bolton, Huntington, Jericho, Richmond, and Underhill in addition to the prevailing attitudes about underage drinking. There were a few themes that emerged from those descriptions of the specified towns. Respondents stated that the region was rural and geographically spread out with each town having its own personality. The towns were described as "close knit" where neighbors watch out for one another. Half of the respondents spoke about the economic diversity of the communities and others viewed the communities as primarily affluent.

When asked about community attitudes around addressing underage drinking, respondents' scores ranged from 1 to 3.5. A score of 1 in this domain indicates that community members believe that the issue is not a concern, while a 3.5 score means community members believe that the issue may be a concern but not a priority. Respondents agreed that most community members would passively support efforts but would not be a driving force in developing or implementing efforts. Respondents felt many community members would

attend information sessions or share information on social media but would be less likely to attend workgroup meetings or pay more in taxes to fund efforts.

Interview participants indicated that addressing underage drinking is not a priority of community members because it is not perceived as a major issue in their towns. Respondents cited opioids, marijuana, tobacco, vaping, and school violence as primary concerns of community members as it relates to youth.

> **_"They're looking at other issues right now, drugs, opioids, school violence, everything. I think alcohol has just been pushed way down on the list."_**

Community Knowledge About the Issue

Respondents felt most community members have some level of understanding about underage drinking but have misconceptions about the effects of underage drinking. Many respondents cited that parents and community members feel that drinking is a "rite of passage" for youth and safer if they do it under their parents' supervision.

> **_"(I think misconceptions are) just that it's inevitable. It's a rite of passage. It's going to happen."_**

When asked about the availability of information about underage drinking, interview participants indicated information and resources were not publicly displayed beyond the school. They identified potential locations in the community (such as the library and local businesses) that could be used for information sharing.

Resources Related to the Issue

Interview participants identified limited financial resources available to allocate to address underage drinking beyond the schools. Grant and school budget money is available and consistent for school-based efforts, including PROSPER[iv], but scarce financial resources exist in the broader community. Respondents indicated that community members would be hesitant to pay more in taxes to fund new efforts, citing already high property tax rates in the specified towns and past disapproval of increased taxes to support new initiatives.

> **_"… [PROSPER] is a major priority for the schools. I anticipate that it will continue to fund resources because it's been so successful."_**

When asked about human resources such as experts or volunteers, participants cited that there were no perceived experts in the community with no current effort to recruit experts to the community. Established volunteer groups that help address underage drinking are not currently present, but interview participants cited if volunteers were needed there would be a group of community members who would volunteer their time to the issue. Respondents indicated limited availability of space, but a willingness to donate space to support community efforts.

Conclusion

Overall, respondents revealed that there is limited capacity in the towns of Bolton, Huntington, Jericho, Richmond, and Underhill to address underage drinking at this time, beyond prevention programming already existing within the schools. All interview participants indicated that if leadership and community members viewed underage drinking as an issue affecting their youth, that they would be willing to allocate financial and human resources to implementing prevention strategies within their community. While the overall readiness score was a 2.66 (denial/resistance stage), there are actions the towns can take to increase their capacity for addressing underage drinking. Strategies for each level of readiness can be found in Appendix D.

The Burlington Office of Local Health recommends the following strategies to the towns of Bolton, Huntington, Jericho, Richmond, and Underhill to increase capacity to address underage drinking:

1. Inform community at large about school-based prevention efforts and related information; i.e. who they serve, barriers to participation, effectiveness, etc.

2. Conduct one on one meetings with town leadership to discuss physical, psychological, and social consequences of underage drinking to shift attitudes about severity of the problem and gain buy in from those who can influence change.

3. Host a parent education event to raise awareness of the prevalence, causes, effects, and consequences of underage drinking among youth in the towns.

4. Increase focus on underage drinking rates and incidents in media coverage of the towns including local newspapers and town communications.

5. Distribute informational materials about underage drinking (rates, causes, consequences, effects) to locations in the community beyond the school including but not limited to local libraries, markets and general stores, and churches.

The Health Department's Burlington Office of Local Health is available to provide technical assistance and support to the towns of Bolton, Huntington, Jericho, Richmond, and Underhill to implement strategies intended to increase capacity. This could include convening a group of key stakeholders in the community to process this report and identify potential next steps.

For questions related to this report, please contact Heather Danis, Burlington District Director at Vermont Department of Health, heather.danis@vermont.gov.

Appendix

- Appendix A: Interview Questions for Chittenden East

- Appendix B: Rating Scales Used for Scoring

- Appendix C: Stages and Dimensions of Community Readiness

- Appendix D: Actions for Increasing Community Readiness Levels

Appendix A: Interview Questions for Chittenden East[v]

The Vermont Department of Health's Burlington Office of Local Health is assessing the readiness and capacity for the towns of Underhill, Jericho, Richmond, Bolton, and Huntington to address underage drinking among youth 12-18 years of age. Underage drinking is defined as the consumption of any alcoholic beverage, other than a few sips, by someone under the age of 21. We are using the Community Readiness for Community Change Readiness Handbook by the Tri-Ethnic Center for Prevention Research at Colorado State University and are interviewing key stakeholders within the towns of Underhill, Jericho, Richmond, Bolton, and Huntington. You have been selected to participate in our project as an identified key stakeholder in this community.

Thank you for agreeing to be part of this interview. We would like to establish ground rules for the interview.

1. Your participation in this interview is voluntary. If at any time you would like to stop the interview, please let us know. You can also skip any question that you do not want to answer.
2. There are no right or wrong answers. Please share what you honestly think or feel.
3. _____ will be taking notes while we talk. While we will be recording your answers, everything shared will be kept confidential. We will not place any identifying information in final report.

The interview should take about an hour and a half. Do you have any questions?

1. For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

On a scale from 1-10, how much of a concern is underage drinking to members of the specified towns, with 1 being "not a concern at all" and 10 being "a very great concern"?
   (Scorer note: Community Climate)

Can you tell me why you think it's at that level?

Interviewer: Please ensure that the respondent answers this question regarding community members not in regard to themselves or what they think it should be.

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to address underage drinking. By efforts, I mean any programs, activities, or services in your community that address underage drinking.

2. Are there efforts in the specified towns that address underage drinking?

   If Yes, continue to question 3; if No, skip to question 16.

3. Can you briefly describe each of these?

   Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. How long have each of these efforts been going on? *Probe for each program/activity.*

5. Who do each of these efforts serve (for example a certain age group, ethnicity, etc.)?

6. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

- **Have heard of efforts?**
- **Can name efforts?**
- **Know the purpose of the efforts?**
- **Know who the efforts are for?**
- **Know how the efforts work (for example activities or how they're implemented)?**
- **Know the effectiveness of the efforts?**

7. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

8. Are there misconceptions or incorrect information among community members about the current efforts?

> *If yes:* **What are these?**

9. How do community members learn about the current efforts?

10. Do community members view current efforts as successful?

> *Probe:* **What do community members like about these programs?**

> *Probe:* **What don't they like?**

11. What are the obstacles to individuals participating in these efforts?

12. What are the strengths of these efforts?

13. What are the weaknesses of these efforts?

14. Are the evaluation results being used to make changes in efforts or to start new ones?

15. What planning for additional efforts to address underage drinking is going on in the specified towns?

> *Only ask #16 if the respondent answered "No" to #2 or was unsure.*

16. Is anyone in the specified towns trying to get something started to address underage drinking?

> *Probe:* **Can you tell me about that?**

LEADERSHIP

I'm going to ask you how the leadership in the towns of Underhill, Jericho, Richmond, Bolton, and Huntington perceives underage drinking. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1 to 10, where a 1 is "not a concern at all" and a 10 is "a very great concern"; how much of a concern is underage drinking to the leadership of the specified towns?

    Probe: **Can you tell me why you say it's a _____?**

17a. How much of a priority is addressing this underage drinking to leadership?

    Probe: **Can you explain why you say this?**

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address underage drinking.

Can you please tell me whether none, a few, some, many or most leaders, either would or already do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders…

- **At least passively support efforts without necessarily being active in that support?**
- **Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?**
- **Support allocating resources to fund community efforts?**
- **Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)**
- **Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?**

19. Does the leadership support expanded efforts in the community to address underage drinking?

    If yes: **How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?**

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose addressing underage drinking? How do they show their opposition?

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. How much of a priority is addressing this issue to community members?

   Probe: **Can you explain your answer?**

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address underage drinking.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members…

- **At least passively support community efforts without being active in that support?**
- **Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?**
- **Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)**
- **Are willing to pay more (for example, in taxes) to help fund community efforts?**

24. About how many community members would support expanding efforts in the community to address underage drinking?

   Probe: **Would you say none, a few, some, many or most?**

   Probe: **How might they show this support?**

   Probe: **For example, by passively supporting or by being actively involved in developing the efforts?**

25. Are there community members who oppose or might oppose addressing underage drinking?

   Probe: **How do or will they show their opposition?**

26. Are there ever any circumstances in which members of the specified towns might think that this issue should be tolerated?

   Probe: **Please explain.**

   Prompt: **For example, community members might feel differently about youth in high school having a drink than they would for a kid in middle school.**

27. Describe the towns of Underhill, Jericho, Richmond, Bolton, and Huntington.

28. On a scale of 1 to 10 where a 1 is "no knowledge" and a 10 is "detailed knowledge", how much do community members know about underage drinking?

   Probe: **Why do you say it's a _____?**

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to underage drinking? (*After each item, have them answer.*)

- underage drinking, in general *(Prompt as needed with "nothing, a little, some or a lot".)*
- the signs and symptoms
- the causes
- the consequences
- how much underage drinking occurs locally (or the number of people living with underage drinking in your community)
- what can be done to prevent or treat underage drinking
- the effects of underage drinking on family and friends?

30. What are the misconceptions among community members about underage drinking? For example, why it occurs, how much it occurs locally, or what the consequences are.

31. What type of information is available in the specified towns about underage drinking? For example, newspaper articles, brochures, posters.

   If they list information, ask: **Do community members access and/or use this information?**

RESOURCES FOR EFFORTS (time, money, people, space, etc.)

If there are efforts to address the issue locally, begin with question 33. If there are no efforts, go to question 33.

32. How are current efforts funded?

   Probe: **Is this funding likely to continue into the future?**

33. I'm now going to read you a list of resources that could be used to address underage drinking in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address underage drinking?

- Volunteers?
- Financial donations from organizations and/or businesses?
- Grant funding?
- Experts?
- Space?

34. Would community members and leadership support using these resources to address underage drinking?

Probe: **Please explain.**

35. On a scale of 1 to 5, where 1 is "no effort" and 5 is "a great effort", how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing underage drinking in your community?

- Seeking volunteers for current or future efforts to address underage drinking in the community.
- Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
- Writing grant proposals to obtain funding to address underage drinking in the community.
- Training community members to become experts.
- Recruiting experts to the community.

36. Are you aware of any proposals or action plans that have been submitted for funding to address underage drinking in the specified towns?

If Yes: **Please explain.**

Additional policy-related questions:

37. What formal or informal policies, practices and laws related to this issue are in place in your community?

Prompt: **An example of —formal would be established policies of schools, police, or courts. An example of —informal would be similar to the police not responding to calls from a particular part of town.**

38. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

39. Is there a need to expand these policies, practices and laws?

Probe: **If so, are there plans to expand them? Please explain.**

40. How does the community view these policies, practices and laws?

Appendix B: Anchored Rating Scales for Scoring Each Dimension[vi]

Community Knowledge of Efforts
*(**Bolding** indicates how a stage differs from the previous stage)*

Level	Description
1	Community members have **no knowledge** about local efforts addressing the issue.
2	**Only a few** community members have **any knowledge** about local efforts addressing the issue. Community members may have **misconceptions or incorrect knowledge** about local efforts (e.g. their purpose or who they are for).
3	At least **some** community members **have heard of local efforts, but little else.**
4	At least some community members have heard of **local** efforts and **are familiar with the purpose of the efforts.**
5	At least some community members have heard of local efforts, are familiar with the purpose of the efforts, **who the efforts are for, and how the efforts work.**
6	**Many** community members have heard of local efforts and are familiar with the purpose of the effort. At least some community members know who the efforts are for and how the efforts work.
7	**Many** community members have heard of local efforts, are familiar with the purpose of the effort, **who the efforts are for, and how the efforts work. At least a few community members know the effectiveness of local efforts.**
8	Most community members have heard of local efforts and are familiar with the purpose of the effort. **Many** community members know who the efforts are for and how the efforts work. **Some** community members know the effectiveness of local efforts.
9	Most community members have **extensive** knowledge about local efforts, **knowing the purpose, who the efforts are for and how the efforts work. Many** community members know the effectiveness of the local efforts. 50

Leadership
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1 Leadership believes that the issue **is not** a concern.

2 Leadership believes that this issue may be a concern in this community, but **doesn't think it can or should be addressed**.

3 At least some of the leadership **believes that this issue may be a concern in this community**. It may not be seen as a priority. They show no immediate motivation to act.

4 At least some of the leadership believes that this issue **is** a concern in the community **and that some type of effort is needed to address it.** Although some may be at least passively supportive of current efforts, **only a few may be participating in developing, improving or implementing efforts**.

5 **At least some of the leadership is participating** in **developing, improving, or implementing efforts,** possibly being a member of a group that is working toward these efforts or being supportive of allocating resources to these efforts.

6 At least some of the leadership **plays a key role** in participating in current efforts and in developing, improving, and/or implementing efforts**,** possibly in **leading** groups or **speaking out publicly** in favor of the efforts, and/or as other types of **driving forces.**

7 At least some of the leadership plays a key role in **ensuring or improving the long-term viability** of the efforts to address this issue, for example by allocating long-term funding.

8 At least some of the leadership plays a key role in **expanding and improving efforts**, through **evaluating** and **modifying** efforts**, seeking new resources**, and/or helping develop and implement new efforts.

9 At least some of the leadership is continually **reviewing evaluation results** of the efforts and is **modifying financial support accordingly.**

Community Climate
*(**Bolding** indicates how a stage differs from the previous stage)*

Level   Description

1   Community members believe that the issue is **not** a concern.

2   Community members believe that this issue may be a concern in this community, but **don't think it can or should be addressed.**

3   Some community members **believe that this issue may be a concern in the community, but it is not seen as a priority**. They show no motivation to act.

4   Some community members believe that this issue **is** a concern in the community and that **some type of effort is needed to address it**. Although some may be at least passively supportive of efforts, **only a few may be participating in developing, improving or implementing efforts.**

5   At least **some** community members are **participating in developing, improving, or implementing efforts**, possibly attending group meetings that are working toward these efforts.

6   At least **some** community members **play a key role in** developing, improving, and/or implementing efforts, possibly being members of groups or speaking out publicly in favor of efforts, and/or as other types **of driving forces.**

7   At least some community members play a key role in **ensuring or improving the long-term viability** of efforts (e.g., example: supporting a tax increase). The attitude in the community is —We have taken responsibility.

8   The **majority** of the community **strongly** supports efforts or the need for efforts. **Participation level is high**. —We need to continue our efforts and make sure what we are doing is effective.

9   The majority of the community are **highly supportive** of efforts to address the issue. **Community members demand accountability.**

Knowledge of Issue
*(**Bolding** indicates how a stage differs from the previous stage)*

Level	Description
1	Community members have **no** knowledge about the issue.

2   **Only a few** community members have **any knowledge** about the issue.
Among **many** community members**,** there are **misconceptions** about the issue, (e.g., how and where it occurs, why it needs addressing, whether it occurs locally).

3   **At least some** community members have **heard of the issue, but little else.**

Among **some** community members, there **may be** misconceptions about the issue. Community members **may be somewhat aware that the issue occurs locally.**

4   At least some community members **know a little about causes, consequences, signs and symptoms.**
At least some community members **are** aware that the issue occurs locally.

5   At least some community members know **some** about causes, consequences, signs and symptoms.
At least some community members are aware that the issue occurs locally.

6   At least some community members know some about causes, consequences, signs and symptoms.
At least some community members have some knowledge about **how much it occurs locally** and **its effect on the community.**

7   At least some community members **know a lot** about causes, consequences, signs and symptoms.
At least some community members have some knowledge about how much it occurs locally and its effect on the community.

8   **Most** community members know a lot about causes, consequences, signs and symptoms.
At least some community members have **a lot** of knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

9   Most community members have **detailed** knowledge about the issue, knowing **detailed information** about causes, consequences, signs and symptoms.
Most community members have **detailed** knowledge about how much it occurs locally, its effect on the community, and how to address it locally. 53

Resources Related to the Issue
*(**Bolding** indicates how a stage differs from the previous stage)*

Level   **Description**

1   There are **no** resources available for (further) efforts.

2   There are very **limited** resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.

3   There are **some** resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is **little** or no action to allocate these resources to this issue.

4   There are some resources identified that could be used for further efforts. **Some community members or leaders have looked into or are looking into using these resources** to address the issue.

5   There are some resources identified that could be used for further efforts to address the issue. Some community members or leaders are **actively working to secure these resources**; for example, they may be **soliciting donations, writing grant proposals, or seeking volunteers.**

6   **New resources** have been **obtained and/or allocated** to support further efforts to address this issue.

7   A **considerable part** of allocated resources for efforts **are from sources that are expected to provide stable or continuing support.**

8   A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support. **Community members are looking into additional support to implement new efforts.**

9   **Diversified resources and funds are secured, and efforts are expected to be ongoing.** There **is additional support for new** efforts.

Appendix C: Stages and Dimensions of Community Readiness[vii]

Dimensions of readiness are key factors that influence your community's capacity to act on an issue. Your community's status with respect to each of the dimensions forms the basis of the overall level of community readiness.

A. **Community Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

B. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?

C. **Community Climate**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

D. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

E. **Resources Related to the Issue**: To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Appendix D: Actions for Increasing Community Readiness Levels[viii]

Before selecting interventions to implement in communities with low readiness, there are actions that can be taken to increase capacity. The following give actions that are often appropriate for communities in the first five stages of readiness. The actions are cumulative; that is, the actions appropriate at stage 5 include all of those in the lower stages.

Stage 1: No Awareness

- Conduct one-on-one visits with community leaders and members on health, psychological, and social costs of substance abuse to change perception among those most likely to be part of the group that begins development of programs.

- Visit existing and established **unrelated** small groups to inform them of the issue.

- Get individuals in your social network excited and solicit their support – be creative!

- Collect stories of people who have been affected by this issue in this community and find ways to disseminate these.

- Conduct an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.

Stage 2: Denial/Resistance

- Put information in church bulletins, club newsletters, respected publications, Facebook, Front Porch Forum, etc.

- Distribute media articles that highlight the issue in the community.

- Communicate strategically with influencers and opinion leaders.

- Continue actions from previous stage.

Stage 3: Vague Awareness

- Present information at local community events and unrelated community groups. Don't rely on just facts. Use visuals and stories. Make your message "sticky".

- Post flyers, posters, and billboards.

- Begin to initiate your own events (e.g., potlucks) to present information on this issue

- Publish editorials and articles in newspapers and on other media with general information but always relate the information to the local situation.

- Continue actions from previous stages.

Stage 4: Preplanning

- Introduce information about issue through presentations/media.

- Review existing efforts in community to determine who benefits and the degree of success.

- Conduct local focus groups to discuss issues and develop strategies.
- Increase media exposure through radio and TV public service announcements and social media.
- Continue actions from previous stages.

Stage 5: Preparation

- Conduct public forums to develop strategies
- Get key leaders to speak out
- Sponsor a community picnic or event to kick off the effort
- Continue strategies from previous stages
- Continue actions from previous stages.

References

[i] Oetting, E. R., Plested, B. A., Edwards, R. W., Thurman, P. J., Kelly, K. J., & Beauvais, F. (2014). *Community Readiness for Community Change Tri-Ethnic Center Community Readiness Handbook* (2nd ed., pp. 3-4, Rep.) (L. R. Stanley, Ed.). Fort Collins, CO: Tri-Ethnic Center for Prevention Research Sage Hall, Colorado State University.

[ii] *Handbook*, p. 12

[iii] *Handbook*, pp 6-11, 29.

[iv] PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience), is a model that disseminates and sustains high-quality evidence-based interventions for the prevention of youth substance use and problem behavior. Camel's Hump Middle School in Richmond, VT currently offers two PROSPER programs to youth and their families. For more information about their scope and impact: https://www.uvm.edu/sites/default/files/impact_statement_chms.pdf

[v] *Handbook*, pp 43-48.

[vi] *Handbook*, pp 49-53.

[vii] *Handbook*, p. 10.

[viii] *Handbook*, pp 40-42.